

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

FEB 21 2018

Bayfield Co. Zoning Dept.

ENTERED

Permit #:

18-0031

Date:

3-2-18

Amount Paid:

\$185 2-21-18

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER |  |  |  |   |  |  |  |
| Owner's Name: Anthony + Dana Sobotzka   |  | Mailing Address: PO Box 36             |  | City/State/Zip: Knapp, WI 54749                 |  | Telephone: 715 942 0875  |  |
| Address of Property: 55245 Little Island Rd   |  | City/State/Zip: Barnes, WI 54873       |  |   |  | Cell Phone: 715 497 4143   |  |
| Contractor:   |  | Contractor Phone:                      |  | Plumber:  |  | Plumber Phone:   |  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s))  |  | Agent Phone:                           |  | Agent Mailing Address (include City/State/Zip): |  | Written Authorization Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| PROJECT LOCATION  |  | Legal Description: (Use Tax Statement) |  | Tax ID# 3465                                    |  | Recorded Document: (i.e. Property Ownership)   |  |
| 1/4, 1/4  |  | Gov't Lot                              |  | Lot(s)  |  | CSM  |  |
|   |  |  |  | Vol & Page V 1144 Pg 574                        |  | Lot(s) No. 15  |  |
| Section 17, Township 45 N, Range 9 W  |  | Town of: Barnes                        |  | Block(s) No.                                    |  | Subdivision: Cheyenne Addition to Potawatomi   |  |
|   |  |  |  | Lot Size  |  | Acreage .69  |  |

|   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> Shoreland →              | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is Property in Floodplain Zone?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →   | Distance Structure is from Shoreline : _____ feet |  |  |
| <input checked="" type="checkbox"/> Non-Shoreland |   |   |  |  |

| Value at Time of Completion<br>* include donated time & material | Project  | # of Stories                                | Foundation                                     | # of bedrooms in structure            | What Type of Sewer/Sanitary System Is on the property?   | Type of Water on property     |
|--|--|---|--|---------------------------------------|--|-------------------------------|
| \$4000   | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement              | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City  | <input type="checkbox"/> City |
|  | <input type="checkbox"/> Addition/Alteration         | <input type="checkbox"/> 1-Story + Loft     | <input checked="" type="checkbox"/> Foundation | <input type="checkbox"/> 2            | <input type="checkbox"/> (New) Sanitary Specify Type: _____  | <input type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                  | <input type="checkbox"/> 2-Story            | <input type="checkbox"/> _____                 | <input type="checkbox"/> 3            | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____                                       | NA                            |
|  | <input type="checkbox"/> Relocate (existing bldg)    | <input type="checkbox"/> _____              | <input type="checkbox"/> _____                 | <input type="checkbox"/> _____        | <input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) |                               |
|  | <input type="checkbox"/> Run a Business on Property  |   | Use  | <input type="checkbox"/> None         | <input type="checkbox"/> Portable (w/service contract)   |                               |
|  | <input type="checkbox"/> _____                       |   | <input checked="" type="checkbox"/> Year Round |                                       | <input type="checkbox"/> Compost Toilet  |                               |
|  |  |   |  | <input type="checkbox"/> None         |  |                               |

|   |               |              |               |
|---|---------------|--------------|---------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: _____ | Width: _____ | Height: _____ |
| Proposed Construction:  | Length: 28'   | Width: 14'   | Height: 12'   |

| Proposed Use  | ✓                                   | Proposed Structure   | Dimensions    | Square Footage |
|---|-------------------------------------|--|---------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/>            | Principal Structure (first structure on property)  | ( X )         |                |
|   | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)  | ( X )         |                |
|   |                                     | with Loft  | ( X )         |                |
|   |                                     | with a Porch   | ( X )         |                |
|   |                                     | with (2nd) Porch   | ( X )         |                |
|   |                                     | with a Deck  | ( X )         |                |
| <input type="checkbox"/> Commercial Use             |                                     | with (2nd) Deck  | ( X )         |                |
|   |                                     | with Attached Garage   | ( X )         |                |
| <input type="checkbox"/> Municipal Use              | <input checked="" type="checkbox"/> | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input checked="" type="checkbox"/> sleeping quarters, or <input checked="" type="checkbox"/> cooking & food prep facilities) | ( 14' X 28' ) | 392            |
|   | <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | ( X )         |                |
|   | <input type="checkbox"/>            | Addition/Alteration (specify) _____  | ( X )         |                |
|   | <input type="checkbox"/>            | Accessory Building (specify) _____   | ( X )         |                |
|   | <input type="checkbox"/>            | Accessory Building Addition/Alteration (specify) _____   | ( X )         |                |
|   | <input type="checkbox"/>            | Special Use: (explain) _____   | ( X )         |                |
|   | <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )         |                |
|   | <input type="checkbox"/>            | Other: (explain) _____   | ( X )         |                |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Anthony + Dana Sobotzka  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 2/18/2018

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: \_\_\_\_\_

Address to send permit: P.O. Box 36 Knapp, WI 54749

Attach  
Copy of Tax Statement

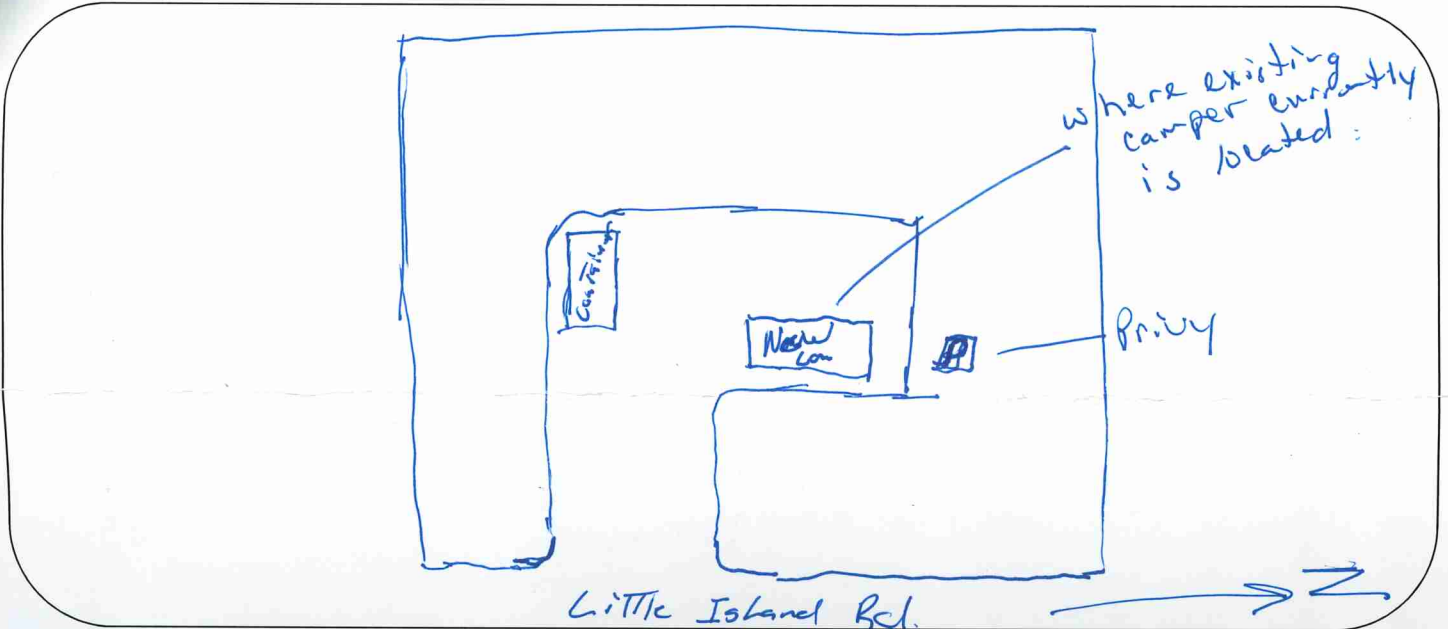
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

| Description                                 | Measurement | Description                                      | Measurement   |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 75 Feet     | Setback from the Lake (ordinary high-water mark) | NA Feet   |
| Setback from the Established Right-of-Way   | 60 Feet     | Setback from the River, Stream, Creek            | NA Feet   |
|   |             | Setback from the Bank or Bluff                   | NA Feet   |
| Setback from the North Lot Line             | 115 Feet    |  |   |
| Setback from the South Lot Line             | 29 Feet     | Setback from Wetland                             | NA Feet   |
| Setback from the West Lot Line              | 95 Feet     | 20% Slope Area on the property                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line              | Road Feet   | Elevation of Floodplain                          | NA Feet   |
|   |             |  |   |
| Setback to Septic Tank or Holding Tank      | NA Feet     | Setback to Well                                  | NA Feet   |
| Setback to Drain Field                      | NA Feet     |  |   |
| Setback to Privy (Portable, Composting)     | 20 Feet     |  |   |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| <b>Issuance Information (County Use Only)</b>  |   | Sanitary Number: 18-0026  | # of bedrooms: Privy  | Sanitary Date: 2/15/18                  |   |
| Permit Denied (Date):  |   | Reason for Denial:  |   |   |   |
| Permit #: 18-0031  |   | Permit Date: 3-2-18   |   |   |   |
| Is Parcel a Sub-Standard Lot   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)          | Mitigation Required   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s)) | Mitigation Attached   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                           |   |   |   |   |
| Granted by Variance (B.O.A.)   |   | Previously Granted by Variance (B.O.A.)   |   |   |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   |   |   |
| Case #:  |   | Case #:   |   |   |   |
| Was Parcel Legally Created   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           | Were Property Lines Represented by Owner  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |   |
| Was Proposed Building Site Delineated  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           | Was Property Surveyed   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |   |
| Inspection Record: storage container (16-0218)   |   | Zoning District (R-1)   |   |   |   |
| Date of Inspection: 2/27/18  |   | Inspected by: Male  |   | Lakes Classification (-)                |   |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.) |   | Date of Re-Inspection:  |   |   |   |
| Signature of Inspector: [Signature]  |   | Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks. |   |   |   |
| Hold For Sanitary: <input type="checkbox"/>  |   | Hold For TBA: <input type="checkbox"/>  | Hold For Affidavit: <input type="checkbox"/>                        | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/>  |

No pressurized water shall enter building w/o approved connection to POWTS (Septic)

Date of Approval: 2/28/18

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **18-0029 (Privy)**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **18-0031** Issued To: **Anthony & Dana Sobottka**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **17** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **15** Block Subdivision **Cheyenne Add to Potawatomi** CSM#

For: **Residential Accessory Structure: [ 1- Story; Bunkhouse (14' x 28') = 392 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** **A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks. No pressurized water shall enter building without approved connection to POWTS.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**March 2, 2018**

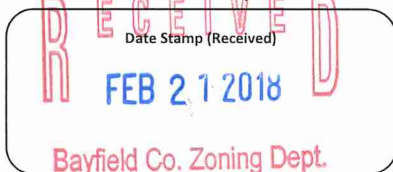
Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



|              |            |
|--------------|------------|
| Permit #:    | 18-0042    |
| Date:        | 3-7-18     |
| Amount Paid: | \$75.22-18 |
| Refund:      |            |

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

|  |   |   |   |
|--|---|---|---|
| TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER |   |   |   |
| Owner's Name:<br><u>Kent D. Bahner</u>   | Mailing Address:<br><u>PO Box 765</u>                             | City/State/Zip:<br><u>St Paul MN 55075</u>  | Telephone:<br><u>715-386-2814</u>   |
| Address of Property:<br><u>50795 Peninsula Rd</u>  | City/State/Zip:<br><u>Barnes WI 54873</u>                         | Cell Phone:   |   |
| Contractor:<br><u>Dave Christenson Const.</u>  | Contractor Phone:<br><u>715-795-2358</u>                          | Plumber:  | Plumber Phone:  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s))<br><u>Dave Christenson</u>  | Agent Phone:<br><u>715-795-2358</u>                               | Agent Mailing Address (include City/State/Zip):<br><u>52685 Lake Rd Barnes WI 54873</u> | Written Authorization Attached<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| PROJECT LOCATION<br><u>SW 1/4, NE 1/4</u>  | Legal Description: (Use Tax Statement)<br><u>3517, 1748, 1754</u> | Tax ID#<br><u>11-24-2010 updated 12-9-2010</u>  | Recorded Document: (i.e. Property Ownership)  |
| Gov't Lot<br><u>6</u>  | Lot(s)<br><u>1</u>  | CSM<br><u>225 535</u>   | Vol & Page<br><u>1052</u>   |
| Section<br><u>09</u>   | Township<br><u>44</u>   | N, Range<br><u>09</u>   | W   |
| Town of:<br><u>Barnes</u>  |   | Lot Size  | Acreage<br><u>3.330</u>   |

|   |   |   |  |  |
|---|---|---|--|--|
| <input checked="" type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue → | Distance Structure is from Shoreline : _____ feet       | Is Property in Floodplain Zone?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →  | Distance Structure is from Shoreline : <u>143'</u> feet |  |  |
| <input type="checkbox"/> Non-Shoreland          |   |   |  |  |

| Value at Time of Completion<br>* include donated time & material | Project   | # of Stories                                | Foundation  | # of bedrooms in structure               | What Type of Sewer/Sanitary System Is on the property?                                    | Type of Water on property                |
|--|---|---|---|--|---|--|
| \$20,600   | <input type="checkbox"/> New Construction           | <input type="checkbox"/> 1-Story            | <input type="checkbox"/> Basement                     | <input type="checkbox"/> 1               | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City            |
|  | <input type="checkbox"/> Addition/Alteration        | <input type="checkbox"/> 1-Story + Loft     | <input type="checkbox"/> Foundation                   | <input type="checkbox"/> 2               | <input type="checkbox"/> (New) Sanitary Specify Type: _____                               | <input checked="" type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                 | <input type="checkbox"/> 2-Story            | <input checked="" type="checkbox"/> Trench            | <input type="checkbox"/> 3               | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____                            |  |
|  | <input type="checkbox"/> Relocate (existing bldg)   | <input checked="" type="checkbox"/> 1-Level | <input checked="" type="checkbox"/> Trench/Leach Pits | <input type="checkbox"/> _____           | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) |  |
|  | <input type="checkbox"/> Run a Business on Property |   | <input type="checkbox"/> Year Round                   | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract)                                    |  |
|  | <input checked="" type="checkbox"/> New Front Deck  |   | <input checked="" type="checkbox"/> Seasonal          |  | <input checked="" type="checkbox"/> None <u>Carmody States Septic System</u>              |  |

|   |                    |                   |                        |
|---|--------------------|-------------------|------------------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: <u>32'</u> | Width: <u>24'</u> | Height: <u>1-Story</u> |
| Proposed Construction: <u>New Front Deck</u>                        | Length: <u>16'</u> | Width: <u>24'</u> | Height: <u>34"</u>     |

| Proposed Use  | ✓                                   | Proposed Structure   | Dimensions    | Square Footage |
|---|-------------------------------------|--|---------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/>            | Principal Structure (first structure on property)  | ( X )         |                |
|   | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)  | ( X )         |                |
|   |                                     | with Loft  | ( X )         |                |
|   |                                     | with a Porch   | ( X )         |                |
|   |                                     | with (2nd) Porch   | ( X )         |                |
|   |                                     | with a Deck  | ( X )         |                |
| <input type="checkbox"/> Commercial Use             |                                     | with (2nd) Deck  | ( X )         |                |
|   |                                     | with Attached Garage   | ( X )         |                |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )         |                |
|   | <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | ( X )         |                |
|   | <input type="checkbox"/>            | Addition/Alteration (specify) _____  | ( X )         |                |
|   | <input type="checkbox"/>            | Accessory Building (specify) _____   | ( X )         |                |
|   | <input type="checkbox"/>            | Accessory Building Addition/Alteration (specify) _____   | ( X )         |                |
|   | <input type="checkbox"/>            | Special Use: (explain) _____   | ( X )         |                |
|   | <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )         |                |
|   | <input checked="" type="checkbox"/> | Other: (explain) <u>Remake Existing 8'x24' Deck, New Deck 16'</u>  | ( 16' x 24' ) | <u>384</u>     |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Dave Christenson  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 52685 Lake Rd, Barnes WI 54873

Date \_\_\_\_\_

Date 2-16-2018

Attach  
Copy of Tax Statement

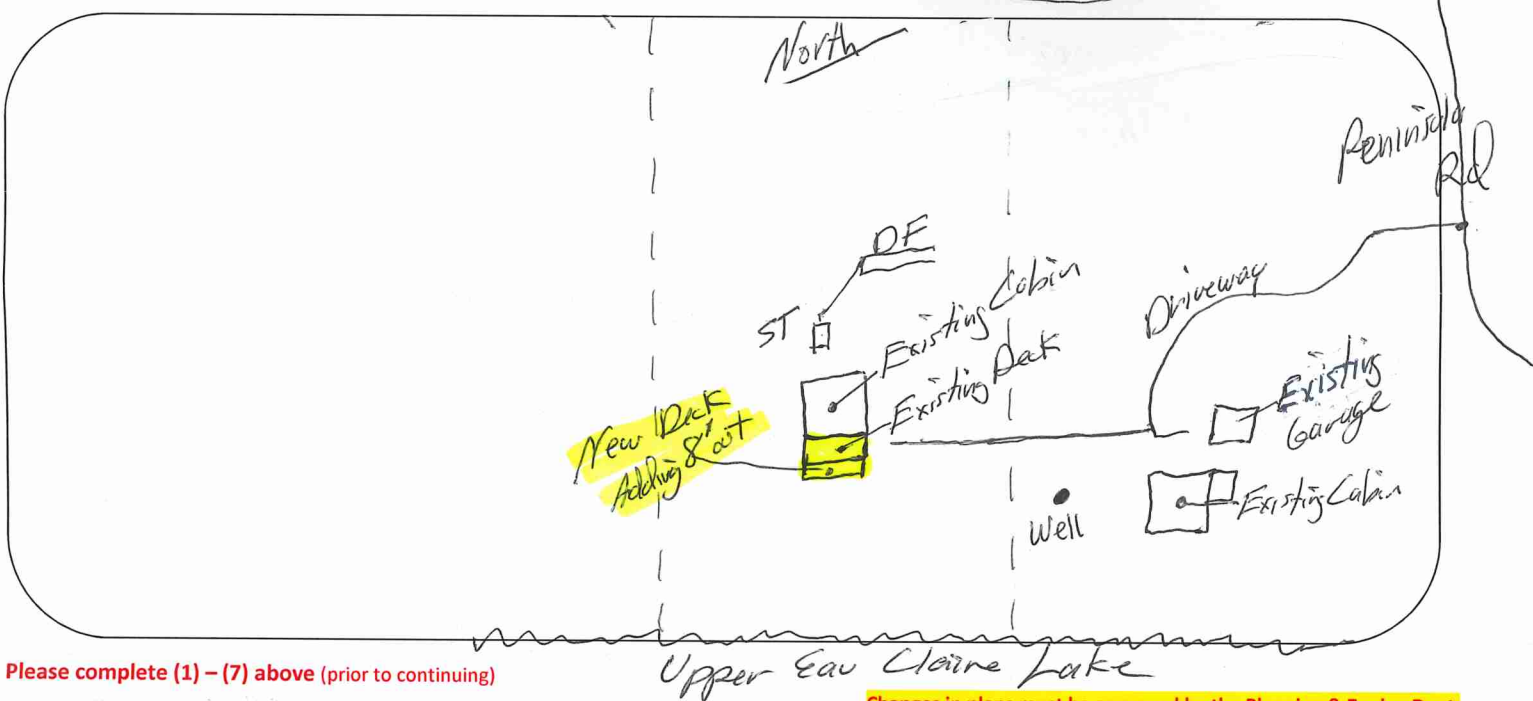
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: **North (N) on Plot Plan**  
(3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

| Description                                 | Measurement | Description                                      | Measurement   |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 250' Feet   | Setback from the Lake (ordinary high-water mark) | 135 Feet  |
| Setback from the Established Right-of-Way   | 217 Feet    | Setback from the River, Stream, Creek            | — Feet  |
|   |             | Setback from the Bank or Bluff                   | — Feet  |
| Setback from the North Lot Line             | 188 Feet    | Setback from Wetland                             | — Feet  |
| Setback from the South Lot Line             | 135 Feet    | 20% Slope Area on the property                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the West Lot Line              | 80 Feet     | Elevation of Floodplain                          | — Feet  |
| Setback from the East Lot Line              | 90 Feet     |  |   |
| Setback to Septic Tank or Holding Tank      | 12 Feet     | Setback to Well                                  | 100 Feet  |
| Setback to Drain Field                      | 54 Feet     |  |   |
| Setback to Privy (Portable, Composting)     | — Feet      |  |   |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

|  |   |   |   |                          |   |
|--|---|---|---|--------------------------|---|
| <b>Issuance Information (County Use Only)</b>  |   | Sanitary Number: 00066  | # of bedrooms:  | Sanitary Date: 8-1-80    |   |
| Permit Denied (Date):  |   | Reason for Denial:  |   |                          |   |
| Permit #: 18-0042  |   | Permit Date: 3-7-18   |   |                          |   |
| Is Parcel a Sub-Standard Lot   | <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No          | Mitigation Required   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership  | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No | Mitigation Attached   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                           |   |   |                          |   |
| Granted by Variance (B.O.A.)   |   | Previously Granted by Variance (B.O.A.)                                     |   |                          |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:  |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: |   |                          |   |
| Was Parcel Legally Created   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           | Were Property Lines Represented by Owner                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                          |   |
| Was Proposed Building Site Delineated  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                      | Was Property Surveyed   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                          |   |
| Inspection Record: overhang is 12ft proposed 416   |   | Zoning District (R-1)<br>Lakes Classification (1)                           |   |                          |   |
| Date of Inspection: 2/27/18  |   | Inspected by: A. Pater  |   | Date of Re-Inspection:   |   |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)   |   |   |   |                          |   |
| Condition: Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained. |   |   |   |                          |   |
| Signature of Inspector: A. Pater   |   | Date of Approval: 3/7/18  |   |                          |   |
| Hold For Sanitary: <input type="checkbox"/>  | Hold For TBA: <input type="checkbox"/>  | Hold For Affidavit: <input type="checkbox"/>                                | Hold For Fees: <input type="checkbox"/>                             | <input type="checkbox"/> |   |

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **00066 (8/1/1980)**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **18-0042** Issued To: **Kent Bahner**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **9** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **1** Block **2** Subdivision **Eau Claire Lake Park** CSM#

For: **Residential Addition / Alteration: [ 1- Story; Replace Deck (16' x 24') = 384 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** **Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**March 7, 2018**

Date